



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY
APPLICATION FOR REGISTRATION PERMIT

DATE

GENERAL INFORMATION

* OWNER(S) NAME

* ADDRESS

* CITY

* STATE

* ZIP CODE

* TELEPHONE NUMBER (REQUIRED)

()

NAME OF DAM

ID NUMBER

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION

SECTION , TOWNSHIP NORTH, RANGE E/W

APPROXIMATE UTM COORDINATES

N

E

DAM HEIGHT

RESERVOIR AREA

PURPOSE OF DAM AND RESERVOIR

* NAME OF PERSON FILLING OUT THIS APPLICATION (TYPE OR PRINT)

* SIGNATURE

* IN CASE OF EMERGENCY (TYPE OR PRINT)

NAME: TELEPHONE NUMBER (REQUIRED): ()

CHECK ONE:

☐ **YES, I DO HAVE AN EMERGENCY ACTION PLAN FOR THE DAM.**

☐ **NO, I DO NOT HAVE AN EMERGENCY ACTION PLAN FOR THE DAM.**

IT IS MANDATORY THAT YOU COMPLETE ALL ITEMS MARKED WITH AN ASTERISK (*).

SUBMIT TO: Department of Natural Resources
Geological Survey and Resource Assessment Division
Dam and Reservoir Safety
P.O. Box 250
Rolla, Missouri 65402
(573) 368-2175